

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889699** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	(C)		(C)				53					
4	(C)		(C)				54					
5	(C)		(C)				55					
6	(C)		(C)				56					
7	(C)		(C)				57					
8	(C)		(C)				58					
9	(C)		(C)				59					
10	(C)		(C)				60					
11	(C)		(C)				61					
12	(C)		(C)				62					
13			/				63					
14			/				64					
15			/				65					
16							66					
17							67					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/		/				TOTAL IND.					
TOTAL DEP.	/		/				TOTAL DEP.					
TOTAL CLAIMS	12		14				TOTAL CLAIMS					

(3)

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS